

SAN LUIS OBISPO COUNTY MEDICAL SERVICES PROGRAM
APPLICATION/STATEMENT OF FACTS

EACH SECTION MUST BE COMPLETED		SEX	BIRTHDATE	SOCIAL SECURITY NUMBER	MARITAL STATUS
Applicant's Name:					
Spouse's Name:					
Residence Address:					
Mailing Address:				Phone Number:	
Ethnic Group: White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>					
Place of Birth:		Language: English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>			
1. Are you a U.S. Citizen/Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a resident of this county? Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. Do you have children under the age of 21 that live with you?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. Does any family member pay child support or alimony under a court order?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. Do you pay for child care? Yes <input type="checkbox"/> No <input type="checkbox"/>		If YES: monthly amount:			
5. Are you a student? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>			
6. Have you sold or transferred real or personal property in the last two years?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you closed any checking/savings accounts in the last 2 years?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES, explain:					
7. Have you received any financial settlement or lump sum payments in the last 2 years?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES, explain:					
8. Have you had an injury for which another party may be responsible for the medical expenses?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES, explain:					
9. Are you covered under any insurance policy? Check those that apply: Medical <input type="checkbox"/> Auto <input type="checkbox"/> Life <input type="checkbox"/> Homeowner's <input type="checkbox"/>					
10. Motor Vehicles		Model _____ class/year _____ balance owed \$ _____			
		Model _____ class/year _____ balance owed \$ _____			
		Model _____ class/year _____ balance owed \$ _____			
11. Do you own:		houses in which you are NOT living? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		acreaage/lots? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		life estate interest in real property? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		other _____			
assessed value \$ _____		balance owed \$ _____		assessed value \$ _____ balance owed \$ _____	

Please enter some amount in each line below, even if it's "0".

12. money on hand	\$ _____	pensions	\$ _____	
savings accounts	\$ _____	SSI,SSP, AFDC, GR, FS, TANF	\$ _____	
checking accounts	\$ _____	unemployment/state disability	\$ _____	
certificates/IRA	\$ _____	veterans/GI benefits	\$ _____	
trust funds	\$ _____	social security	\$ _____	
boats/recreational vehicles	\$ _____	interest income/dividends	\$ _____	
livestock	\$ _____	loans, grants	\$ _____	
stocks/bonds	\$ _____	child/spousal support	\$ _____	
notes, mortgages, trust deeds	\$ _____	workers compensation	\$ _____	
burial plots, vault or crypt	\$ _____	cash contributions	\$ _____	
jewelry or business equipment	\$ _____	other	\$ _____	
13. Do you:	work in exchange for housing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	receive free housing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	work in exchange for utilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	receive free utilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	work in exchange for food?	Yes <input type="checkbox"/> No <input type="checkbox"/>	receive free food?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Applicant's Occupation:	_____		Spouse's Occupation:	_____
Employer:	_____		Employer:	_____
how often paid:	weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/>	how often paid: weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/>		
gross income from paycheck \$	_____		gross income from paycheck \$	_____
date last paycheck received:	_____		date last paycheck received:	_____
date next paycheck expected:	_____		date next paycheck expected:	_____

I hereby declare the answers given are correct and true to the best of my knowledge. I understand that I may be asked to prove my statements, and I hereby give permission to verify all information.

SIGNATURE OF APPLICANT OR APPLICANT'S REPRESENTATIVE

DATE

County Use Only

Certification Period _____SOC _____

Eligibility Technician's Comments/Clarification

Eligibility Technician's Signature Date Reviewed by